

Disabilities and professional training: a tripartite consensus statement by the Hong Kong Academy of Medicine and the two medical schools in Hong Kong

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In a fair and equitable society, individuals with disabilities should have access to the same educational opportunities as those who are not so affected. In Hong Kong, the principle of equal opportunities in education is given legal effect requiring training institutions to provide 'reasonable accommodations' to address the educational needs of disabled individuals.¹

Tension may arise, however, when a disabled medical student or trainee doctor undertakes educational activities or assessments that exceed their physical and/or mental capabilities due to their disability, unless substantial accommodations are implemented. The prioritisation of patient welfare in medical ethics, placing it 'above and beyond considerations of personal interests and private gains' may give rise to a perceived conflict between the ideal of equal opportunities and the responsibility of training institution to ensure that professional standards and patient safety are not compromised.²

Should a medical student with impaired hearing be permitted to use hearing aids during lectures? Should a trainee with colour vision deficiency be provided specially annotated histological micrographs during examinations? What about a student with an anxiety disorder who requests extra time for a clinical competency test?

Uncommon in the past, these questions have been raised with increasing frequency in recent years. The traditional view that professional training requirements should be undaunted and taking precedence over all other considerations no longer holds, as it is now widely recognised that a diverse healthcare workforce, inclusive of disabled individuals, contributes to better overall patient care.³ Even long-standing and expressly stipulated regulations could be challenged if not justifiable on the grounds of non-discrimination. In the United Kingdom August this year, legal action was successfully brought against the Royal College of General Practitioners for failing to provide a disabled trainee with 'reasonable adjustments,' including additional time for examinations.⁴ A more nuanced

and balanced approach is clearly needed.

In response, the Hong Kong Academy of Medicine and the medical faculties of The University of Hong Kong and The Chinese University of Hong Kong recently issued a consensus statement on supporting students and trainees with disabilities.⁵ This joint statement is the product of discussions held under the auspices of a quadripartite platform established in 2023, under a memorandum of understanding involving the aforementioned three institutions and the Hospital Authority.⁶ (The latter is not a party to the joint statement because it primarily functions as an employer, rather than an educational institution.)

The result is a principles-based, high-level policy instrument setting out the parties' commitment to equal opportunities and their legal obligations to provide disabled individuals in training with 'reasonable accommodations.' To uphold professional standards of practice and comply with relevant legal provisions, such accommodations should not impose an 'unjustifiable hardship' on the institution, such as when the accommodation compromises the standard or level of professional education and training.¹ An emphasis is placed on procedural fairness, transparency, and accountability; every request for special accommodation must be assessed on a case-by-case basis, considering the unique circumstances presented. 'Blanket policies' regarding accommodation are discouraged, and an appeal mechanism must be in place. The two medical schools and the 15 constituent colleges of the Hong Kong Academy of Medicine are required to establish their own internal procedures for assessing requests, given the wide range of learning objectives, curriculum designs, and assessment methodologies involved. A common template serves as a reference to promote intra- and inter-institutional consistency.

The real-world implementation of this policy will depend largely on the nature and scope of the 'reasonable accommodations' identified in each case, subject to the broad legal definition of 'disability' which educational establishments must carefully

consider. The *Code of Practice on Education* issued by the Equal Opportunities Commission provides helpful guidance on this matter, including guidance for determining what constitutes ‘unjustifiable hardship’, which, if present, may exempt educational establishments from liability for not providing an accommodation.¹ The overarching principle is that requests for special accommodations must be considered, but training institutions are obligated only to provide accommodations which are reasonable and do not constitute ‘unjustifiable hardship’ for the institution, as determined on a case-by-case basis.

Going forward, several outstanding issues require examination by the quadripartite platform. First, disabled individuals often face barriers when applying for admission to training programmes. Institutions must ensure that their admission procedures do not discriminate against such individuals. Second, rather than relying on a reactive approach to addressing requests for accommodation, proactive mechanisms could be developed to identify and support disabled individuals at an early stage. Third, it remains unclear whether and under what circumstances a disabled individual who fails to meet the required professional standards due to disabilities, despite the best available accommodations, should be referred to the ‘fitness to practise’ procedures of the two medical schools or the Health Committee of the Medical Council of Hong Kong for further assessment. Finally, it is common knowledge that a disabled individual may achieve and maintain clinical competency in specific areas of practice, regardless of incompetency in others.³ Whether qualifying examinations should continue to be based on the premise that all medical students must achieve the same catalogue of clinical competencies, regardless of their intended career paths, and whether a regulatory mechanism should be introduced for granting conditional registrations limited to a specified and restricted scope of practice are questions deserving of our attention.

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